

Drug and Alcohol Testing Consent

I, _____, as a willing participant in the _____ ,
(Resident's name) (Name of Program)

agree to submit to random supervised drug testing as requested by program staff. I understand that refusal to take a drug test is a violation of my resident responsibilities and may result in termination from the program.

I agree to pay for these tests if I have no available insurance.

I understand that if I am found to be under the influence of alcohol or other drugs, the information may be shared with _____
(identify agencies – i.e., DTA, DSS, etc.)

as per required reporting requirements.

My signature below indicates my acceptance of this action.

Resident Signature

Date

Staff Signature

Date

